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maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 7590 03/26/2004 William S. Dorman Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile 654 Beacon Building 406 South Boulder transmitted to the USPTO, on the date indicated below. Tulsa, OK 74103 (Denositor's name) (Signature (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 08/14/2003 10/640,622 Jamie S. Leach LEACHCO-BNB.WSD 1136 TITLE OF INVENTION: SYMMETRICALLY CONTOURED SUPPORT PILLOW APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$665 \$300 \$965 06/28/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS GROSZ, ALEXANDER 3673 005-632000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the 1 William S. Dorman names of up to 3 registered patent attorneys or □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Sissue Fee A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. 4 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). ☐ Advance Order - # of Copies _ Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature) (Date) NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant: a registered attorney or agent; or the assignee or other party in

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DORMAN & GILBERT

A PROFESSIONAL ASSOCIATION
830 BEACON BUILDING
FOURTH AND BOULDER
TULSA, OKLAHOMA 74103-3825
TELEPHONE: (918) 583-4276
FACSIMILE: (918) 583-8590

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May 14, 2004

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

Patent Application on

"Symmetrically Contoured Support Pillow

Application No.: 10/640,622

Filed: Aug. 14, 2003

Gentlemen:

Enclosed please find Part B of the Issue Fee Transmittal along with my check in the amount of \$965.00.

In the event that this check is not in the correct amount kindly charge the deficiency or credit the excess to deposit order account 04-1410.

Very truly yours,

WSD/dmd

5 - 1 Sec. 1945

Incls.

William S. Dorman

Attorney at Law